

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MISSOURI  
EASTERN DIVISION**

In re:

ABENGOA BIOENERGY US HOLDING, LLC,  
*et al.*,

Debtors.

**Chapter 11**

**Case No. 16-41161-659**

**(Jointly Administered)**

**MEMORANDUM TO THE COURT**

The Amended Schedule E/F for Abengoa Bioenergy of Nebraska, LLC (16-41163) includes the following amendments:

- Claim of Abengoa Bioenergy Biomass of Kansas, LLC is Contingent, Unliquidated, and Disputed.

Dated: May 26, 2017  
St. Louis, Missouri

Respectfully submitted,

**ARMSTRONG TEASDALE LLP**

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-and-

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*Counsel to the Debtors and Debtors in Possession*

**Fill in this information to identify the case:**

Debtor Abengoa Bioenergy of Nebraska, LLC  
United States Bankruptcy Court for the: Eastern District of Missouri  
(State)  
Case number 16-41163 (KAS)  
(If known)

☒ Check if this is an amended filing

**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.  
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
<b>2.1</b>	<b>Priority creditor's name and mailing address</b> ARIZONA DEPARTMENT OF REVENUE 1600 W MONROE ST PHOENIX, AZ 85007  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (____)	<b>As of the petition filing date, the claim is:</b> \$ _____ Undetermined <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim	\$ _____ Undetermined
<b>2.2</b>	<b>Priority creditor's name and mailing address</b> BUFFALO COUNTY TREASURER 1512 CENTRAL AVE. KEARNEY, NE 68847  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (____)	<b>As of the petition filing date, the claim is:</b> \$ _____ Undetermined <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim	\$ _____ Undetermined
<b>2.3</b>	<b>Priority creditor's name and mailing address</b> CITY OF RAVENNA 416 GRAND AVENUE RAVENNA, NE 68869  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (____)	<b>As of the petition filing date, the claim is:</b> \$ _____ Undetermined <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim	\$ _____ Undetermined

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Name

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**Part 1. Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**Total claim**

**Priority amount**

2.4 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

COLORADO DEPARTMENT OF LABOR &  
EMPLOYMENT  
633 17TH ST.  
DENVER, CO 80202-3660

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

2.5 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

COLORADO DEPARTMENT OF REVENUE  
ATTN: EXECUTIVE DIRECTOR  
1375 SHERMAN ST.  
DENVER, CO 80261

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

2.6 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

DISTRICT OF COLUMBIA - OFFICE OF TAX AND  
REVENUE  
1101 4TH STREET, SW  
SUITE 270 WEST  
WASHINGTON, DC 20024

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

2.7 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

DISTRICT OF COLUMBIA DEPARTMENT OF  
LABOR  
200 CONSTITUTION AVE. NW  
WASHINGTON, DC 20210

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

Debtor Abengoa Bioenergy of Nebraska, LLC  
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**Part 1. Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**Total claim**

**Priority amount**

2.8 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

ILLINOIS DEPARTMENT OF REVENUE  
45 EISENHOWER DR STE 220  
PARAMUS, NJ 07652

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

2.9 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

ILLINOIS DIRECTOR OF EMPLOYMENT  
SECURITY  
ATTN: JEFF MAYS  
33 S STATE ST., 9TH FLOOR  
CHICAGO, IL 60603

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

2.10 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

INDIANA DEPARTMENT OF REVENUE  
100 N SENATE AVE RM N248  
INDIANAPOLIS, IN 46204

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

2.11 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

INDIANA DEPT. OF WORKFORCE  
DEVELOPMENT  
INDIANA GOVERNMENT CENTER SOUTH  
10 NORTH SENATE AVENUE  
INDIANAPOLIS, IN 46204

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

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**Part 1. Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**Total claim**

**Priority amount**

2.12 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

INTERNAL REVENUE SERVICE  
1222 SPRUCE STREET  
ST LOUIS, MO 63103

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

2.13 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

KANSAS DEPARTMENT OF LABOR  
1309 SW TOPEKA BLVD  
TOPEKA, KS 66612

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

2.14 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

KANSAS DEPARTMENT OF REVENUE  
915 SW HARRISON STREET  
TOPEKA, KS 66625-8000

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

2.15 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

MARYLAND COMPTROLLER  
8181 PROFESSIONAL PL # 101  
LANDOVER, MD 20785

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

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**Total claim**

**Priority amount**

2.16	<b>Priority creditor's name and mailing address</b>  MARYLAND UNEMPLOYMENT INSURANCE FUND LEGAL SERVICES SECTION ATTN: MARK SORRENTINO 1100 N EUTAW ST, ROOM 401 BALTIMORE, MD 21201  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Undetermined	\$Undetermined
2.17	<b>Priority creditor's name and mailing address</b>  MASSACHUSETTS DEPARTMENT OF REVENUE 100 CAMBRIDGE ST STE 500 BOSTON, MA 02114  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Undetermined	\$Undetermined
2.18	<b>Priority creditor's name and mailing address</b>  MISSOURI DEPARTMENT OF REVENUE 301 WEST HIGH STREET JEFFERSON CITY, MO 65105  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Undetermined	\$Undetermined
2.19	<b>Priority creditor's name and mailing address</b>  MISSOURI DIVISION OF EMPLOYMENT SECURITY P.O. BOX 59 JEFFERSON CITY, MO 65104-0059  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Undetermined	\$Undetermined

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**Part 1. Additional Page**

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**Total claim**

**Priority amount**

2.20	<b>Priority creditor's name and mailing address</b>  NEBRASKA DEPARTMENT OF LABOR 550 S 16TH ST. LINCOLN, NE 68508  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Undetermined	\$Undetermined
2.21	<b>Priority creditor's name and mailing address</b>  NEBRASKA DEPARTMENT OF REVENUE PO BOX 98912 LINCOLN, NE 68509-8912  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Undetermined	\$Undetermined
2.22	<b>Priority creditor's name and mailing address</b>  NEW JERSEY DIVISION OF TAXATION BANKRUPTCY SECTION P.O. BOX 245 TRENTON, NJ 08695-0245  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Undetermined	\$Undetermined
2.23	<b>Priority creditor's name and mailing address</b>  NEW MEXICO DEPARTMENT OF WORKFORCE SOLUTIONS 401 BROADWAY BLVD NE ALBUQUERQUE, NM 87102  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Undetermined	\$Undetermined



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**Part 1. Additional Page**

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**Total claim**

**Priority amount**

2.24	<b>Priority creditor's name and mailing address</b>  NEW MEXICO TAXATION & REVENUE DEPARTMENT 1100 SOUTH ST. FRANCIS DRIVE SANTA FE, NM 87504  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Undetermined	\$Undetermined
2.25	<b>Priority creditor's name and mailing address</b>  OREGON DEPARTMENT OF REVENUE 955 CENTER ST NE SALEM, OR 97301  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Undetermined	\$Undetermined
2.26	<b>Priority creditor's name and mailing address</b>  ST. LOUIS CITY (CITY TAX) 1200 MARKET ST #410 ST. LOUIS, MO 63103  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Undetermined	\$Undetermined
2.27	<b>Priority creditor's name and mailing address</b>  STATE OF ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY 2444 W LAWRENCE AVE CHICAGO, IL 60625  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Undetermined	\$Undetermined

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**Part 1. Additional Page**

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**Total claim**

**Priority amount**

2.28 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

UTAH STATE TAX COMMISSION  
210 N 1950 W  
SALT LAKE CITY, UT 84134

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

2.29 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

VIRGINIA DEPARTMENT OF REVENUE  
1957 WESTMORELAND ST  
RICHMOND, VA 23230

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

2.30 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

VIRGINIA EMPLOYMENT COMMISSION  
703 E MAIN ST  
RICHMOND, VA 23219

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

2.31 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

WASHINGTON EMPLOYMENT SECURITY  
DEPARTMENT  
212 MAPLE PARK AVE SE  
OLYMPIA, WA 98501

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

Debtor Abengoa Bioenergy of Nebraska, LLC  
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**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> ABENGOA BIOENERGIA OUTSOURCING LLC 16150 MAIN CIRCLE DRIVE, SUITE 300, CHESTERFIELD CHESTERFIELD, MO 63017  <b>Date or dates debt was incurred</b> <u>Undetermined</u> <b>Last 4 digits of account number</b> <u>      </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Intercompany Payable</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>2,432,901.00</u>
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> ABENGOA BIOENERGY BIOMASS OF KANSAS, LLC (ABBK) 16150 MAIN CIRCLE DR, SUITE 300 CHESTERFIELD, MO 63017  <b>Date or dates debt was incurred</b> <u>Undetermined</u> <b>Last 4 digits of account number</b> <u>      </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Intercompany Payable</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>52,627.30</u>
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> ABENGOA BIOENERGY TRADING US, LLC 16150 MAIN CIRCLE DR, SUITE 300 CHESTERFIELD, MO 63017  <b>Date or dates debt was incurred</b> <u>Undetermined</u> <b>Last 4 digits of account number</b> <u>      </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Intercompany Payable</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>122,597.61</u>
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> ABENGOA BIOENERGY US HOLDING, LLC 16150 MAIN CIRCLE DR, SUITE 300 CHESTERFIELD, MO 63017  <b>Date or dates debt was incurred</b> <u>Undetermined</u> <b>Last 4 digits of account number</b> <u>      </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Intercompany Payable</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>1,161,672.38</u>
<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b> AGENSYND, S.L. ATTN: GENERAL COUNSEL VELAZQUEZ 78 4 DERECHA MADRID, 28001 SPAIN  <b>Date or dates debt was incurred</b> <u>Undetermined</u> <b>Last 4 digits of account number</b> <u>      </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Guarantor - Emergency credit facility dated December 24, 2015 in the principal amount of €106 million plus accrued interest</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>116,695,400.00</u>
<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> ALFA LAVAL, INC. P. O. BOX 951565 CARMEL, IN 46082  <b>Date or dates debt was incurred</b> <u>Undetermined</u> <b>Last 4 digits of account number</b> <u>      </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade Payable</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>67,500.00</u>

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**Amount of claim**

3.7	<b>Nonpriority creditor's name and mailing address</b>	<b>\$9,993.40</b>
	<p>AMERICAN FENCE CO OF LINCOLN, INC. 15225 INDUSTRIAL RD OMAHA, NE 68144-3249</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.8	<b>Nonpriority creditor's name and mailing address</b>	<b>\$26,800.00</b>
	<p>AON RISK SERVICES CENTRAL 75 REMITTANCE DRIVE SUITE 1943 CHICAGO, IL 60675-1943</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.9	<b>Nonpriority creditor's name and mailing address</b>	<b>\$Undetermined</b>
	<p>ARGO SURETY 225 W. WASHINGTON STREET 24TH FLOOR CHICAGO, IL 60606</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Surety Bond Number SUR0032287 in the Amount of \$1,200,000.00 for the Benefit of U.S. Department of Treasury</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.10	<b>Nonpriority creditor's name and mailing address</b>	<b>\$8,535.38</b>
	<p>ASSURANT 811 MAIN ST., 7TH FLOOR KANSAS CITY, MO 64105</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.11	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,451.34</b>
	<p>ASSURANT 811 MAIN ST., 7TH FLOOR KANSAS CITY, MO 64105</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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**Amount of claim**

3.12	<b>Nonpriority creditor's name and mailing address</b>	<u>\$126,033.37</u>
	<p>ATRADIUS TRADE CREDIT INSURANCE INC 13432 COLLECTION CENTER DR. CHICAGO, IL 60693</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.13	<b>Nonpriority creditor's name and mailing address</b>	<u>\$899,484.13</u>
	<p>AURORA COOP ELEVATOR CO. P.O. BOX 209 AURORA, NE 68818</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.14	<b>Nonpriority creditor's name and mailing address</b>	<u>\$Undetermined</u>
	<p>AURORA COOPERATIVE ELEVATOR COMPANY C/O CROSBY GUENZEL, LLP 134 S. 13TH STREET, SUITE 400 LINCOLN, NE 68508</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Litigation Claim, Case No. D09CI160000014</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.15	<b>Nonpriority creditor's name and mailing address</b>	<u>\$4,117.27</u>
	<p>AXIS CAPITAL, INC PO BOX 911685 DENVER, CO 80291-1685</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.16	<b>Nonpriority creditor's name and mailing address</b>	<u>\$137,612,500.00</u>
	<p>BANCO POPULAR ESPANOL., S.A. ATTN: GENERAL COUNSEL C/ VELAZQUEZ, 34 MADRID, 28001 SPAIN</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Guarantor - Revolving credit agreement dated September 23, 2015 in the principal drawn amount of €125 million plus accrued interest</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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**Amount of claim**

3.17	<b>Nonpriority creditor's name and mailing address</b>	<b>\$171,875.49</b>
	<p>BEARING HEADQUARTERS CO. PO BOX 6267 BROADVIEW, IL 60155</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.18	<b>Nonpriority creditor's name and mailing address</b>	<b>\$16,745.00</b>
	<p>BEHRENDT FAMILY FARMS INC. 21700 IMPERIAL RD RAVENNA, NE 68869</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.19	<b>Nonpriority creditor's name and mailing address</b>	<b>\$12,800.00</b>
	<p>BERT ZIPPRIAN EQUIPMENT SEPARATION 107 GEORGIA PL. PORTLAND, TX 78374</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.20	<b>Nonpriority creditor's name and mailing address</b>	<b>\$2,565.54</b>
	<p>BION ANALYTICAL STANDARDS, LLC PO BOX 85252 SIOUX FALLS, SD 57118</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.21	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,448,060.53</b>
	<p>BNSF RAILWAY COMPANY PO BOX 847574 DALLAS, TX 75284-7574</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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**Amount of claim**

3.22	<b>Nonpriority creditor's name and mailing address</b>	<b>\$861.83</b>
	<p>BOSELMAN ENERGY P.O. BOX 1567 GRAND ISLAND, NE 68802</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.23	<b>Nonpriority creditor's name and mailing address</b>	<b>\$535.00</b>
	<p>BOY SCOUTS OF AMERICA TROOP 203 718 SICILY AVE RAVENNA, NE 68869</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.24	<b>Nonpriority creditor's name and mailing address</b>	<b>\$14,068.16</b>
	<p>BRENNTAG GREAT LAKES, LLC 5220 EAGLE WAY CHICAGO, IL 60678-1522</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.25	<b>Nonpriority creditor's name and mailing address</b>	<b>\$909,114.34</b>
	<p>BUFFALO COUNTY TREASURER PO BOX 1270 KEARNEY, NE 68848-1270</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.26	<b>Nonpriority creditor's name and mailing address</b>	<b>\$11,550.04</b>
	<p>CALIFORNIA FIRST NATIONAL BANK 18201 VON KARMAN AVENUE, SUITE 800 IRVINE, CA 92612</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>



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**Amount of claim**

3.27	<b>Nonpriority creditor's name and mailing address</b>	<b>\$3,068.23</b>
	<p>CAMCORP, INC 9732 PFLUMM ROAD LENEXA, KS 66215</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.28	<b>Nonpriority creditor's name and mailing address</b>	<b>\$5,042,579.91</b>
	<p>CARGILL TRADE AND STRUCTURED FINANC 9350 EXCELSIOR BLVD HOPKINS, MN 55343</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.29	<b>Nonpriority creditor's name and mailing address</b>	<b>\$3,052.52</b>
	<p>CENTRAL NEBRASKA WATER CONDITIONING 3112 W OLD POTASH HWY GRAND ISLAND, NE 68803</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.30	<b>Nonpriority creditor's name and mailing address</b>	<b>\$9,518.54</b>
	<p>CENTRAL STATES GROUP P.O. BOX 30047 OMAHA, NE 68103</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.31	<b>Nonpriority creditor's name and mailing address</b>	<b>\$130,323.24</b>
	<p>CHEMTREAT INC 4461 COX ROAD GLEN ALLEN, VA 23060</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>



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**Amount of claim**

3.32	<b>Nonpriority creditor's name and mailing address</b>	<b>\$3,046,163.01</b>
	<p>CHS P.O. BOX 82289 LINCOLN, NE 68501-2289</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.33	<b>Nonpriority creditor's name and mailing address</b>	<b>\$Undetermined</b>
	<p>CHS, INC. C/O HOUGHTON VANDENACK WILLIAM WHITTED WEAVER PARSONAGE LLC 6457 FRANCES STREET SUITE 100 OMAHA, NE 68106</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Litigation Claim, Civil Action No. 8:15-cv-00429</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.34	<b>Nonpriority creditor's name and mailing address</b>	<b>\$9,686.78</b>
	<p>CINTAS CORPORATION 9333 EAST 35TH STREET WICHITA, KS 67226</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.35	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,759.94</b>
	<p>CINTAS, FIRST AID &amp; SAFETY PO BOX 631025 CINCINNATI, OH 45263-1025</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.36	<b>Nonpriority creditor's name and mailing address</b>	<b>\$139.70</b>
	<p>COLORADO DEPARTMENT OF AGRICULTURE 2331 WEST 31ST AVE. DENVER, CO 80211</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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**Amount of claim**

3.37	<b>Nonpriority creditor's name and mailing address</b>	<b>\$13,664.00</b>
	<p>COMPUWEIGH CORPORATION 50 MIDDLE QUARTER RD WOODBURY, CT 06798</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.38	<b>Nonpriority creditor's name and mailing address</b>	<b>\$27,219.24</b>
	<p>CONNEY SAFETY PRODUCTS, LLC. PO BOX 44575 MADISON, WI 53744-4575</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.39	<b>Nonpriority creditor's name and mailing address</b>	<b>\$2,599.04</b>
	<p>CONTINENTAL FIRE SPRINKLER DBA 4518 S 133RD STREET OMAHA, NE 68137</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.40	<b>Nonpriority creditor's name and mailing address</b>	<b>\$189,848.41</b>
	<p>CONTROL-TECH, INC 8938 N PRAIRIE POINTE PEORIA, IL 61615</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.41	<b>Nonpriority creditor's name and mailing address</b>	<b>\$663.50</b>
	<p>COOLING TOWER DEPOT INC 611 CORPORATE CIRCLE SUITE 208 GOLDEN, CO 80401</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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**Amount of claim**

3.42	<b>Nonpriority creditor's name and mailing address</b>	<b>\$3,684.02</b>
	<p>COYLE SUPPLY 3721 STATE ROUTE 162 GRANITE CITY, IL 62040</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.43	<b>Nonpriority creditor's name and mailing address</b>	<b>\$65,165.26</b>
	<p>DAI MANAGEMENT CONSULTANTS INC SUITE 200 ONE VETERANS WAY CARNEGIE, PA 15106</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.44	<b>Nonpriority creditor's name and mailing address</b>	<b>\$41,832.43</b>
	<p>DANISCO US INC P.O. BOX 7247-8528 PHILADELPHIA, PA 19170-8528</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.45	<b>Nonpriority creditor's name and mailing address</b>	<b>\$760.66</b>
	<p>DE LAGE LANDEN FINANCIAL SERVICES I 1111 OLD EAGLE SCHOOL ROAD WAYNE, PA 19087</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.46	<b>Nonpriority creditor's name and mailing address</b>	<b>\$57,738.57</b>
	<p>DECKER ELECTRIC 4500 W. HARRY WICHITA, KS 67209</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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NameCase number (if known) 16-41163 (KAS)**Part 2: Additional Page**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional NONPRIORITY creditors exist, do not fill out or submit this page.**Amount of claim**

3.47	<b>Nonpriority creditor's name and mailing address</b>	<b>\$178,015,530.00</b>
	DEUTSCHE BANK AG, LONDON BRANCH, AS FISCAL AGENT ATTN: GENERAL COUNSEL WINCHESTER HOUSE 1 GREAT WINCHESTER STREET LONDON, EC2N 2DB UNITED KINGDOM	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Guarantor - 6.25% Senior Unsecured Convertible Notes due 2019 issued under and indenture dated as of January 17, 2013 in the original principal amount of \$178,015,530.00. <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	
3.48	<b>Nonpriority creditor's name and mailing address</b>	<b>\$450,000,000.00</b>
	DEUTSCHE BANK TRUST COMPANY AMERICAS ATTN: GENERAL COUNSEL 60 WALL STREET MSNYC 60-2710 NEW YORK, NY 10005	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Guarantor - 7.75% Senior Notes due 2020 issued under an indenture dated as of December 13, 2013 in the principal amount of \$450 million plus a premium of \$50 million. <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	
3.49	<b>Nonpriority creditor's name and mailing address</b>	<b>\$412,837,500.00</b>
	DEUTSCHE TRUSTEE COMPANY LIMITED, AS AGENT OR TRUSTEE ATTN: GENERAL COUNSEL 60 WALL STREET MSNYC 60-2710 NEW YORK, NY 10005	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Guarantor - 7.0% Senior Notes due 2020 issued under an indenture dated as of April 21, 2015 in the principal amount of €375 million plus accrued interest of €37,500,000. <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	
3.50	<b>Nonpriority creditor's name and mailing address</b>	<b>\$550,450,000.00</b>
	DEUTSCHE TRUSTEE COMPANY LIMITED, AS AGENT OR TRUSTEE ATTN: GENERAL COUNSEL 60 WALL STREET MSNYC 60-2710 NEW YORK, NY 10005	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Guarantor - 6.0% Senior Notes due 2021 issued under an indenture dated as of March 27, 2014 in the principal amount of €500 million plus accrued interest of €50,000,000. <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	
3.51	<b>Nonpriority creditor's name and mailing address</b>	<b>\$605,495,000.00</b>
	DEUTSCHE TRUSTEE COMPANY LIMITED, AS AGENT OR TRUSTEE ATTN: GENERAL COUNSEL 60 WALL STREET MSNYC 60-2710 NEW YORK, NY 10005	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Guarantor - 8.875% Senior Notes due 2018 under an indenture dated as of February 5, 2013 in the principal amount of €550 million plus accrued interest of €55,000,000. <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	

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**Amount of claim**

3.52	<b>Nonpriority creditor's name and mailing address</b>	<b>\$291,738,500.00</b>
	<p>DEUTSCHE TRUSTEE COMPANY LIMITED, AS AGENT OR TRUSTEE ATTN: GENERAL COUNSEL 60 WALL STREET MSNYC 60-2710 NEW YORK, NY 10005</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Guarantor - 5.5% Senior Notes due 2019 issued under an indenture dated as of September 30, 2014 in the principal amount of €265 million plus</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.53	<b>Nonpriority creditor's name and mailing address</b>	<b>\$300,000,000.00</b>
	<p>DEUTSCHE TRUSTEE COMPANY LIMITED, AS AGENT OR TRUSTEE ATTN: GENERAL COUNSEL 60 WALL STREET MSNYC 60-2710 NEW YORK, NY 10005</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Guarantor - 6.5% Senior Notes due 2019 issued under an indenture dated as of September 30, 2014 in the principal amount of \$300 million plus</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.54	<b>Nonpriority creditor's name and mailing address</b>	<b>\$550,450,000.00</b>
	<p>DEUTSCHE TRUSTEE COMPANY LIMITED, AS AGENT OR TRUSTEE ATTN: GENERAL COUNSEL 60 WALL STREET MSNYC 60-2710 NEW YORK, NY 10005</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Guarantor - 8.5% Senior Unsecured Notes due 2016 under a fiscal agency agreement dated as of March 31, 2010 in the principal amount of €500 mi</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.55	<b>Nonpriority creditor's name and mailing address</b>	<b>\$650,000,000.00</b>
	<p>DEUTSCHE TRUSTEE COMPANY LIMITED, AS AGENT OR TRUSTEE ATTN: GENERAL COUNSEL 60 WALL STREET MSNYC 60-2710 NEW YORK, NY 10005</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Guarantor - 8.875% Senior Notes due 2017 under an indenture dated as of October 28, 2010 in the principal amount of \$650 million plus accrued inter</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.56	<b>Nonpriority creditor's name and mailing address</b>	<b>\$Undetermined</b>
	<p>DISTRICT COURT FOR BUFFALO COUNTY, NEBRASKA 1512 CENTRAL AVE KEARNEY, NE 68847</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Potential Environmental Claim</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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**Amount of claim**

3.57	<b>Nonpriority creditor's name and mailing address</b>	<b>\$403.15</b>
	<p>DOCUMENT &amp; NETWORK TECHNOLOGIES 2275 CASSENS COURT, SUITE 112 FENTON, MO 63026</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.58	<b>Nonpriority creditor's name and mailing address</b>	<b>\$260,558.65</b>
	<p>DPPD 300 SOUTH WASHINGTON STREET LEXINGTON, NE 68850-0777</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.59	<b>Nonpriority creditor's name and mailing address</b>	<b>\$2,639.38</b>
	<p>DUNCAN CO 425 HOOVER STREET NE MINNEAPOLIS, MN 55413</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.60	<b>Nonpriority creditor's name and mailing address</b>	<b>\$50,862.19</b>
	<p>DXP ENTERPRISES, INC DBA PRECISION DALLAS, TX 75320-1791</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.61	<b>Nonpriority creditor's name and mailing address</b>	<b>\$32,870,672.00</b>
	<p>EL INSTITUTO CREDITO OFFICIAL ATTN: JAIME CERVERA/CONCHI BERROCAL DEPARTMENT OF OPERATIONS PASEO DEL PRADO, 4 MADRID, 28014 SPAIN</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Guarantor - ICO credit agreement dated July 30, 2015 in the principal amount of €30 million plus accrued interest</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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**Amount of claim**

3.62	<b>Nonpriority creditor's name and mailing address</b>	<u>\$250.14</u>
	<p>EMPLOYEE_00239 ADDRESS ON FILE</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.63	<b>Nonpriority creditor's name and mailing address</b>	<u>\$71,670.90</u>
	<p>EMS USA, INC. 5391 BAY OAKS DRIVE PASADENA, TX 77505</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.64	<b>Nonpriority creditor's name and mailing address</b>	<u>\$345,761.33</u>
	<p>ENCORE ENERGY SERVICES, INC. 12120 PORT GRACE BLVD LA VISTA, NE 68128</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.65	<b>Nonpriority creditor's name and mailing address</b>	<u>\$82,745,846.00</u>
	<p>EUROPEAN INVESTMENT BANK ATTN: GENERAL COUNSEL 98-100 BLVD. KONRAD ADENAUER LUXEMBOURG, L-2950 LUXEMBOURG</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Guarantor - Finance contract dated July 6, 2015 in the principal amount of €125 million plus accrued interest</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.66	<b>Nonpriority creditor's name and mailing address</b>	<u>\$26,803.17</u>
	<p>EVOQUA WATER TECHNOLOGIES LLC 6111 GUNION ROAD INDIANAPOLIS, IN 46254</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>



Debtor Abengoa Bioenergy of Nebraska, LLC  
Name

Case number (if known) 16-41163 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.67	<b>Nonpriority creditor's name and mailing address</b>	<b>\$42,814.93</b>
	<p>FARMERS COOP ASSOC OF RAV NE (FUEL) PO BOX 170 RAVENNA, NE 68869</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.68	<b>Nonpriority creditor's name and mailing address</b>	<b>\$325,759.35</b>
	<p>FARMERS COOP ASSOC OF RAVENNA NE 35885 RAVENNA ROAD RAVENNA, NE 68869</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.69	<b>Nonpriority creditor's name and mailing address</b>	<b>\$Undetermined</b>
	<p>FARMERS COOPERATIVE ASSOCIATION OF RAVENNA C/O CROSBY GUENZEL, LLP 134 S. 13TH STREET, SUITE 400 LINCOLN, NE 68508</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Litigation Claim, Case No. D09CI150000682</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.70	<b>Nonpriority creditor's name and mailing address</b>	<b>\$8,000.00</b>
	<p>FEED FORWARD, INC. 1834 WEST OAK PARKWAY SUITE 100 MARIETTA, GA 30062</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.71	<b>Nonpriority creditor's name and mailing address</b>	<b>\$52,131.26</b>
	<p>GATX CORPORATION 222 WEST ADAMS STREET CHICAGO, IL 60606</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>



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**Amount of claim**

3.72	<b>Nonpriority creditor's name and mailing address</b>	<b>\$80,403.05</b>
	<p>GATX RAIL- LOCOMOTIVE RENTAL 222 WEST ADAMS STREET CHICAGO, IL 60606</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.73	<b>Nonpriority creditor's name and mailing address</b>	<b>\$2,304,676.36</b>
	<p>GAVILON GR 1331 CAPITOL AVE OMAHA, NE 68102</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.74	<b>Nonpriority creditor's name and mailing address</b>	<b>\$3,008.01</b>
	<p>GDS AUTOMATION INC. 15813 MANDERSON ST. OMAHA, NE 68116</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.75	<b>Nonpriority creditor's name and mailing address</b>	<b>\$12,757.74</b>
	<p>GENERAL ELECTRIC CAPITAL CORP. 201 MERRITT 7 NORWALK, CT 06851</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.76	<b>Nonpriority creditor's name and mailing address</b>	<b>\$6,666.67</b>
	<p>GESTIÓN INTEGRAL DE RECURSOS HUMANOS, SA RONDA TAMARGUILLO Nº 29 SEVILLA SPAIN</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Intercompany Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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**Amount of claim**

3.77	<b>Nonpriority creditor's name and mailing address</b>	<b>\$4,879.20</b>
	<p>H204U INC 2500 B STREET SOUTH SIOUX CITY, NE 68776</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.78	<b>Nonpriority creditor's name and mailing address</b>	<b>\$658.32</b>
	<p>HALO BRANDED SOLUTIONS INC 1980 INDUSTRIAL DRIVE, PO BOX 657 STERLING, IL 61081-0657</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.79	<b>Nonpriority creditor's name and mailing address</b>	<b>\$13,312.61</b>
	<p>HARTLAND RENEWABLE FUELS, A 4245 S 143RD STREET, SUITE 1 OMAHA, NE 68137</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.80	<b>Nonpriority creditor's name and mailing address</b>	<b>\$994.85</b>
	<p>HERITAGE-CRYSTAL CLEAN, LLC 13621 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693-0136</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.81	<b>Nonpriority creditor's name and mailing address</b>	<b>\$8,007.58</b>
	<p>HOOKEBROS SAND &amp; GRAVEL PO BOX 5134 GRAND ISLAND, NE 68801</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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**Amount of claim**

3.82	<b>Nonpriority creditor's name and mailing address</b>	<b>\$5,235.51</b>
	<p>HUTCHESON ENGINEERING PRODUCTS, INC 6405 JOHN J PERSHING DRIVE OMAHA, NE 68112</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.83	<b>Nonpriority creditor's name and mailing address</b>	<b>\$5,859.61</b>
	<p>IBT INC. PO BOX 873065 KANSAS CITY, MO 64187-3065</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.84	<b>Nonpriority creditor's name and mailing address</b>	<b>\$500.00</b>
	<p>INDUSTRIAL OUTFITTERS 2276 NORTH WEBB ROAD, SUITE A GRAND ISLAND, NE 68803</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.85	<b>Nonpriority creditor's name and mailing address</b>	<b>\$27,772.22</b>
	<p>INDUSTRIAL PIPE &amp; SUPPLY COMPANY 13406 INDUSTRIAL ROAD OMAHA, NE 68137</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.86	<b>Nonpriority creditor's name and mailing address</b>	<b>\$29,165.31</b>
	<p>INTERSTATE CHEMICAL COMPANY INC P. O. BOX 295 BROOKFIELD, OH 44403</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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**Amount of claim**

3.87	<b>Nonpriority creditor's name and mailing address</b>	<b>\$617,706.03</b>
	<p>INTERSTATE COMMODITIES, INC. 7 MADISON STREET TROY, NY 12180</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.88	<b>Nonpriority creditor's name and mailing address</b>	<b>\$5,315.64</b>
	<p>INTERTEK USA, DBA 801 TRAVIS STREET, SUITE 1500 HOUSTON, TX 77002</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.89	<b>Nonpriority creditor's name and mailing address</b>	<b>\$7,498.79</b>
	<p>JACOBS CORPORATION PO BOX 727 HARLAN, IA 51537-0727</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.90	<b>Nonpriority creditor's name and mailing address</b>	<b>\$2,058.13</b>
	<p>JCI INDUSTRIES, INC. PO BOX 411114 KANSAS CITY, MO 64141</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.91	<b>Nonpriority creditor's name and mailing address</b>	<b>\$6,659.70</b>
	<p>K A STEEL CHEMICALS, INC 1001 W. 31ST STREET DOWNERS GROVE, IL 60515</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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**Amount of claim**

3.92	<b>Nonpriority creditor's name and mailing address</b>	<b>\$14,123.09</b>
	<p>KRIZ DAVIS CO. 2400 W. THIRD ST GRAND ISLAND, NE 68803</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.93	<b>Nonpriority creditor's name and mailing address</b>	<b>\$11,423.23</b>
	<p>KSK TRIDENT ENTERPRISES. DBA 2304 W. LINCOLN HWY GRAND ISLAND, NE 68803</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.94	<b>Nonpriority creditor's name and mailing address</b>	<b>\$2,787.02</b>
	<p>L &amp; M MACHINE TOOLS, LTD P.O. BOX 68869 RAVENNA, NE 68869</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.95	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,849.95</b>
	<p>LARUE DISTRIBUTING, INC PO BOX 45119 OMAHA, NE 68145-6119</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.96	<b>Nonpriority creditor's name and mailing address</b>	<b>\$11,831.85</b>
	<p>LESAFFRE YEAST CORP 7475 WEST MAIN STREET MILWAUKEE, WI 53214</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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**Amount of claim**

3.97	<b>Nonpriority creditor's name and mailing address</b>	<b>\$895.60</b>
	<p>LEWIS -GOETZ AND COMPANY 1850 N OHIO WICHITA, KS 67214-1530</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.98	<b>Nonpriority creditor's name and mailing address</b>	<b>\$7,829.40</b>
	<p>M &amp; M CLEANING SERVICE 1104 W 12TH ST GRAND ISLAND, NE 68801</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.99	<b>Nonpriority creditor's name and mailing address</b>	<b>\$12,366.01</b>
	<p>MATHESON TRI GAS, INC DBA LINWELD PO BOX 845502 DALLAS, TX 75284-5502</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.100	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,742.00</b>
	<p>MID NEBRASKA DISPOSAL INC 3080 W 2ND ST GRAND ISLAND, NE 68803</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.101	<b>Nonpriority creditor's name and mailing address</b>	<b>\$937.61</b>
	<p>MID-STATES SUPPLY COMPANY, INC. P. O. BOX 804482 KANSAS CITY, MO 64108-4482</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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**Amount of claim**

3.102	<b>Nonpriority creditor's name and mailing address</b>	<b>\$117,510.46</b>
	<p>MIDLAND SCIENTIFIC, INC. 1202 SOUTH 11TH STREET OMAHA, NE 68108</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.103	<b>Nonpriority creditor's name and mailing address</b>	<b>\$3,160.02</b>
	<p>MIDWEST LABORATORIES, INC 13611 B STREET OMAHA, NE 68144</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.104	<b>Nonpriority creditor's name and mailing address</b>	<b>\$122,802.90</b>
	<p>MIST CHEMICAL &amp; SAFETY CO. 5 RIVER OAKS CIRCLE EAST BUFFALO GROVE, IL 60089</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.105	<b>Nonpriority creditor's name and mailing address</b>	<b>\$2,163.11</b>
	<p>MOTION INDUSTRIES INC. 1880 SOUTH FLORENCE CT. WICHITA, KS 67209</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.106	<b>Nonpriority creditor's name and mailing address</b>	<b>\$11,669.42</b>
	<p>MRL CRANE SERVICE 4331 JUERGEN RD GRAND ISLAND, NE 68801</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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**Amount of claim**

3.107	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,400.00</b>
	<p>MSDSOONLINE, INC. 27185 NETWORK PLACE CHICAGO, IL 60673</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.108	<b>Nonpriority creditor's name and mailing address</b>	<b>\$165,826.08</b>
	<p>NALCO COMPANY P.O. BOX 70716 CHICAGO, IL 60673-0716</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.109	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,304.69</b>
	<p>NCTC NEBRASKA CENTRAL TELEPHONE CO 22 LABARRE STREET GIBBON, NE 68840</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.110	<b>Nonpriority creditor's name and mailing address</b>	<b>\$13,074.54</b>
	<p>NEBRASKA AIR QUALITY 285 S. 68TH ST. PLACE, STE 322 LINCOLN, NE 68510</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.111	<b>Nonpriority creditor's name and mailing address</b>	<b>\$12,907.69</b>
	<p>NEBRASKA MACHINERY COMPANY 11002 SAPP BROS. DRIVE OMAHA, NE 68138</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>



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**Amount of claim**

3.112	<b>Nonpriority creditor's name and mailing address</b>	<b>\$4,209.17</b>
	<p>NEBRASKA SAFETY COUNCIL 3243 CORNHUSKER HIGHWAY SUITE A10 LINCOLN, NE 68504-1592</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.113	<b>Nonpriority creditor's name and mailing address</b>	<b>\$719,073.53</b>
	<p>NOVOZYMES NORTH AMERICA, INC P.O. BOX 576 FRANKLINTON, NC 27525</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.114	<b>Nonpriority creditor's name and mailing address</b>	<b>\$68.41</b>
	<p>NUESYNERGY SUITE 100 10901 GRANADA LANE LEAWOOD, KS 66211</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.115	<b>Nonpriority creditor's name and mailing address</b>	<b>\$9,336.54</b>
	<p>OLSSON ASSOCIATES, INC. PO BOX 84608 LINCOLN, NE 68501-4608</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.116	<b>Nonpriority creditor's name and mailing address</b>	<b>\$12,654.43</b>
	<p>OMAHA VALVE &amp; FITTING P.O. BOX 329 SHAWNEE MISSION, KS 66201-0329</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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**Amount of claim**

3.117	<b>Nonpriority creditor's name and mailing address</b>	<u>\$6,356.00</u>
	<p>PERKINELMER LAS, INC 710 BRIDGEPORT AVENUE SHELTON, CT 06484</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.118	<b>Nonpriority creditor's name and mailing address</b>	<u>\$790.95</u>
	<p>PHIBROCHEM, INC GLENPOINTE CENTER EAST, 3RD FL. TEANECK, NJ 07666-6712</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.119	<b>Nonpriority creditor's name and mailing address</b>	<u>\$20,517.70</u>
	<p>PIERTEK INC. DBA WOOD BROTHERS 721 WESTGATE BLVD LINCOLN, NE 68528</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.120	<b>Nonpriority creditor's name and mailing address</b>	<u>\$122.50</u>
	<p>PINNACLE ENGINEERING INC. P. O. BOX 1691 MINNEAPOLIS, MN 55480-1691</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.121	<b>Nonpriority creditor's name and mailing address</b>	<u>\$18,515.39</u>
	<p>PREMIUM PLANT SERVICES 1336 E. 31ST STREET HIBBING, MN 55746</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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**Amount of claim**

3.122	<b>Nonpriority creditor's name and mailing address</b>	<b>\$35,758.24</b>
	<p>PUMPING SOLUTIONS, INC 2850 WEST 139TH STREET BLUE ISLAND, IL 60406</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.123	<b>Nonpriority creditor's name and mailing address</b>	<b>\$125,144.60</b>
	<p>QUALITY LIQUID FEEDS, INC 3586 STATE ROAD 23 NORTH DODGEVILLE, WI 53533</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.124	<b>Nonpriority creditor's name and mailing address</b>	<b>\$12,458.08</b>
	<p>QUANTUM ANALYTICS (LEASES) 3400 EAST THIRD AVENUE FOSTER CITY, CA 94405</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.125	<b>Nonpriority creditor's name and mailing address</b>	<b>\$550.00</b>
	<p>RAILWORKS TRACK SYSTEMS, INC 1145 SCHNEIDER ST. FREMONT, NE 68025</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.126	<b>Nonpriority creditor's name and mailing address</b>	<b>\$800.40</b>
	<p>RAVENNA NEWS 322 GRAND RAVENNA, NE 68869</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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**Amount of claim**

3.127	<b>Nonpriority creditor's name and mailing address</b>	<b>\$Undetermined</b>
<p>SAPP BROS PETROLEUM, INC. C/O JEFFREY, HAHN &amp; HEMMERLING, P.C., L.L.O. 5640 SOUTH 84TH STREET SUITE 100 LINCOLN, NE 68516</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Litigation Claim, Case No. CI 16 65</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
3.128	<b>Nonpriority creditor's name and mailing address</b>	<b>\$2,454.35</b>
<p>SCALES SALES AND SERVICE INC P.O. BOX 641400 OMAHA, NE 68164</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
3.129	<b>Nonpriority creditor's name and mailing address</b>	<b>\$2,489.00</b>
<p>SCHENDEL PEST SERVICES, THE 1035 SE QUINCY ST. TOPEKA, KS 66612</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
3.130	<b>Nonpriority creditor's name and mailing address</b>	<b>\$29,259.66</b>
<p>SCHERBARTH, INC. 1615 WEST 1ST HASTINGS, NE 68901</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
3.131	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,900.62</b>
<p>SCOLAR GRAIN COMPANY - OMAHA 2027 DODGE STREET OMAHA, NE 68102-1227</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		

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**Amount of claim**

3.132	<b>Nonpriority creditor's name and mailing address</b>	<b>\$378.40</b>
	<p>SDK LABORATORIES 1000 COREY ROAD PO BOX 886 HUTCHINSON, KS 67501</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.133	<b>Nonpriority creditor's name and mailing address</b>	<b>\$24,546.00</b>
	<p>SERVI-TECH LABORATORIES PO BOX, 1397 DODGE CITY, KS 67801</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.134	<b>Nonpriority creditor's name and mailing address</b>	<b>\$96,007.12</b>
	<p>SIMOSA IT SA C/ ENERGIA SOLAR Nº1, PALMAS ALTAS. 41014 SEVILLA SPAIN</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Intercompany Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.135	<b>Nonpriority creditor's name and mailing address</b>	<b>\$53,604.46</b>
	<p>SIMOSA IT US, LLC 16150 MAIN CIRCLE DR, SUITE 300 CHESTERFIELD, MO 63017</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Intercompany Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.136	<b>Nonpriority creditor's name and mailing address</b>	<b>\$13,146.39</b>
	<p>SIMPLEX GRINNELL LP DEPT CH 10320 PALATINE, IL 60055-0320</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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**Part 2: Additional Page**

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**Amount of claim**

3.137	<b>Nonpriority creditor's name and mailing address</b>	<u>\$1,454,267,983.00</u>
<p>SOCIÉTÉ GÉNÉRALE, SUCURSAL EN ESPAÑA, AS AGENT ATTN: GENERAL COUNSEL TORRE PICASSO PLAZA DE PABLO RUIZ PICASSO, 1 MADRID, 28020 SPAIN</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>		
<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Guarantor - Syndicated credit facility dated September 30, 2014 in the principal amount of €1,321.0 million plus accrued interest</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
3.138	<b>Nonpriority creditor's name and mailing address</b>	<u>\$1,100,900.00</u>
<p>SPANISH COMISARIO, BONDHOLDERS SL ATTN: GENERAL COUNSEL AV. FRANCIA 17, A, 1 VALENCIA, 46023 SPAIN</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>		
<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Guarantor - \$279 million 5.125% Exchangeable Notes due 2017 in the principal outstanding amount of €1 million plus accrued interest</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
3.139	<b>Nonpriority creditor's name and mailing address</b>	<u>\$3,418.48</u>
<p>STAPLES ADVANTAGE PO BOX 83689 CHICAGO, IL 60696-3689</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>		
<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
3.140	<b>Nonpriority creditor's name and mailing address</b>	<u>\$10.00</u>
<p>STATE OF IOWA 502 E 9TH ST. DES MOINES, IA 50319</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>		
<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
3.141	<b>Nonpriority creditor's name and mailing address</b>	<u>\$577.01</u>
<p>STATE OF IOWA 502 E 9TH ST. DES MOINES, IA 50319</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>		
<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		

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**Amount of claim**

3.142	<b>Nonpriority creditor's name and mailing address</b>	<b>\$515.00</b>
	<p>STATE OF NEBRASKA HHS LABORATORY P.O. BOX 22790 LINCOLN, NE 68502</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.143	<b>Nonpriority creditor's name and mailing address</b>	<b>\$6,500.00</b>
	<p>STEFAN UNNASCH DBA LIFE CYCLE ASSOC 985 PORTOLA ROAD PORTOLA VALLEY, CA 94028</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.144	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,119.26</b>
	<p>SUNSET TRANSPORTATION, INC. 11325 CONCORD VILLAGE AVENUE ST. LOUIS, MO 63123</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.145	<b>Nonpriority creditor's name and mailing address</b>	<b>\$22,891.21</b>
	<p>TG TECHNICAL SERVICES 613 SW 3RD STREET LEE SUMMIT, MO 64063</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.146	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,451,856.93</b>
	<p>THE ANDERSONS, INC. 303 W 19TH ST KEARNEY, NE 68848</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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**Amount of claim**

3.147	<b>Nonpriority creditor's name and mailing address</b>	<b>\$91.39</b>
	<p>THE PRINT SOURCE, INC. P. O. BOX 12748 WICHITA, KS 67277-2748</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.148	<b>Nonpriority creditor's name and mailing address</b>	<b>\$73,644.74</b>
	<p>TRAMCO, INC. 1020 E. 19TH STREET WICHITA, KS 67214</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.149	<b>Nonpriority creditor's name and mailing address</b>	<b>\$4,370.00</b>
	<p>TRIHEDRO CORPORATION 1252 COMMERCE DRIVE LARAMIE, WY 82070</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.150	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,500,071.70</b>
	<p>TRINITY INDUSTRIES LEASING COMPANY 2525 STEMMONS FREEWAY PHILADELPHIA, PA 19175-0131</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.151	<b>Nonpriority creditor's name and mailing address</b>	<b>\$7,858.70</b>
	<p>ULTRAFLOTE LLC 3640 WEST 12TH STREET HOUSTON, TX 77008</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>



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**Amount of claim**

3.152	<b>Nonpriority creditor's name and mailing address</b>	<b>\$5,340.00</b>
	<p>UNION PACIFIC RAILROAD DALLAS, TX 75284-3465</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.153	<b>Nonpriority creditor's name and mailing address</b>	<b>\$90.72</b>
	<p>UNITED PARCEL SERVICE LOCKBOX 577 CAROL STREAM, IL 60132-0577</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.154	<b>Nonpriority creditor's name and mailing address</b>	<b>\$142.08</b>
	<p>UNITED PARCEL SERVICE LOCKBOX 577 CAROL STREAM, IL 60132-0577</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.155	<b>Nonpriority creditor's name and mailing address</b>	<b>\$51.77</b>
	<p>UNITED PARCEL SERVICE LOCKBOX 577 CAROL STREAM, IL 60132-0577</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.156	<b>Nonpriority creditor's name and mailing address</b>	<b>\$85.00</b>
	<p>UNITED STATES TREASURY ST. LOUIS, MO</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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**Amount of claim**

3.157	<b>Nonpriority creditor's name and mailing address</b>	<u>\$121,924.26</u>
	<p>UNIVAR USA INC REDMOND, WA 98052</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.158	<b>Nonpriority creditor's name and mailing address</b>	<u>\$6,359.49</u>
	<p>VAA, LLC SUITE 200 2300 BERKSHIRE LANE NORTH PLYMOUTH, MN 55441</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.159	<b>Nonpriority creditor's name and mailing address</b>	<u>\$78,921.36</u>
	<p>VARILEASE FINANCE, INC. 6340 SOUTH 3000 EAST, SUITE 400 SALT LAKE CITY, UT 84121</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.160	<b>Nonpriority creditor's name and mailing address</b>	<u>\$848.80</u>
	<p>WATERSURPLUS 726 BEACON STREET LOVES PARK, IL 61111</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.161	<b>Nonpriority creditor's name and mailing address</b>	<u>\$294.55</u>
	<p>WEST PLAINS COMPANY 4800 MAIN STREET, SUITE 274 KANSAS CITY, MO 64112</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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**Amount of claim**

3.162	<b>Nonpriority creditor's name and mailing address</b>	<u>\$Undetermined</u>
<p>WESTCO INTERNATIONAL, INC. C/O BALLEW COVALT HAZEN, PC LLO 1045 LINCOLN MALL, SUITE 200 P.O. BOX 81229 LINCOLN, NE 68501-1229</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Litigation Claim, Case No. C02CI150015224</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
3.163	<b>Nonpriority creditor's name and mailing address</b>	<u>\$28,481.84</u>
<p>WESTCO INTERNATIONAL, INC. 6924 E. READING PLACE TULSA, OK 74115</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
3.164	<b>Nonpriority creditor's name and mailing address</b>	<u>\$2,286.59</u>
<p>WESTMOR FLUID SOLUTIONS, LLC 14044 W. FREEWAY DR. COLUMBUS, MN 55038</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
3.165	<b>Nonpriority creditor's name and mailing address</b>	<u>\$6,089.65</u>
<p>WILKE-DONOVAN'S TRUE VALUE 204 GRAND AVENUE RAVENNA, NE 68869</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
3.166	<b>Nonpriority creditor's name and mailing address</b>	<u>\$9.73</u>
<p>WILLIAMS, ROBERT P.O. BOX 453 WOOD RIVER, NE 68883</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		

Debtor Abengoa Bioenergy of Nebraska, LLC  
Name

Case number (if known) 16-41163 (KAS)

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

		<b>Total of claim amounts</b>	
5a. Total claims from Part 1	5a.	\$	<div style="border-bottom: 1px solid black; display: inline-block; width: 150px; text-align: right;">0.00</div> + undetermined amounts
5b. Total claims from Part 2	5b.	+	<div style="border-bottom: 1px solid black; display: inline-block; width: 150px; text-align: right;">5,839,793,573.98</div> + undetermined amounts
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 180px;"> <div style="border-bottom: 1px solid black; display: inline-block; width: 100%; text-align: right;">5,839,793,573.98</div>                          + undetermined amounts                     </div>	

Fill in this information to identify the case and this filing:

Debtor Name Abengoa Bioenergy of Nebraska, LLC  
United States Bankruptcy Court for the: Eastern District of Missouri  
(State)  
Case number (if known): 16-41663 (KAS)

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ Amended Schedule E/F
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/24/2017  
MM / DD / YYYY

x

Signature of individual signing on behalf of debtor

Sandra Porras Serrano  
Printed name

Chief Financial Officer  
Position or relationship to debtor